



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, November 15, 2017

5:00 p.m. Regular Session

(Closed Session will be held upon adjournment of the Regular Session)

Location: Schantz Conference Room

Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a Quality Committee meeting, please contact the District Clerk, Stacey Finn, at sfinn@svh.com or 707.935.5004 at least 48 hours prior to the meeting.		
MISSION STATEMENT The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less, Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.	<i>Hirsch</i>	
3. CONSENT CALENDAR • Minutes 10.25.17	<i>Hirsch</i>	Action
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
5. ANESTHESIA SERVICES MEDICAL DIRECTOR REPORT	<i>Solomon</i>	Inform
6. QUALITY REPORT 2017	<i>Lovejoy</i>	Inform/Action
7. ANNUAL CULTURE OF SAFETY AHRQ REPORT	<i>Lovejoy</i>	Inform
8. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	
9. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Lovejoy</i>	Action
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
11. ADJOURN	<i>Hirsch</i>	



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
October 25, 2017, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Kelsey Woodward Carol Snyder Howard Eisenstark, MD Susan Idell	Ingrid Sheets Joshua Rymer Cathy Webber Leslie Lovejoy via telephone		Robbie Cohen, MD Mark Kobe Danielle Jones

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 5:01p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 09.27.17 		MOTION: by Eisenstark to approve, 2 nd by Idell. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
	Changes to the Injury Due to Medical Device Equipment policy suggested.	MOTION: by Eisenstark to approve with stated changes 2 nd by Idell. All in favor.
6. QUALITY REPORT SEPTEMBER 2017	<i>Lovejoy</i>	Inform
	<p>Prime reporting was submitted in Sept. The funding will be coming in the near future.</p> <p>PI fair was postponed to Nov. 7th and 8th. Ms. Hirsch and Ms. Woodward volunteered to be judges.</p> <p>Due to Ms. Lovejoy's current medical status she will be working remotely. Ms. Jones will be filling in for her on site.</p>	

AGENDA ITEM	DISCUSSION	ACTION
	The score card was reviewed. She gave an overview of the PRIME population definitions. The five dashboard metrics were then reviewed. They include: All Cause Readmission, H-CAHPS, Reconciled Medication List Received by Discharged patients, Timely Transmission of Transition Record, Medication Reconciliation- 30 days.	
8. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
	Regular session adjourned at 5:38 p.m.	
9. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	<i>Hirsch/Lovejoy</i>	Action
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
		MOTION: by Idell to approve 2 nd by Mindardi. All in favor
11. ADJOURN	<i>Hirsch</i>	
	Meeting adjourned at 5:42 p.m.	



SUBJECT: Policies and Procedures	POLICY # GL8610-162
DEPARTMENT: Organizational	PAGE 1 OF 9
REVIEW/REVISED: 3/12, 3/15, 1/17, 9/17	EFFECTIVE: 2/08

- Revised Reviewed/No Changes Retired

CHANGE SUMMARY:

Briefly state changes and include reasons for making change(s).

What:

Policy has been updated to include a new paperless drafting and approval process.

Why:

To streamline the approval process and eliminate the need to sign documentation

AUTHORS WITH JOB TITLES:

Danielle Jones, Director Quality & Risk Management
Laura Gallmeyer, Quality Coordinator
Stacey Finn, Administrative Coordinator

APPROVALS:

Policy & Procedure Committee: 10/17/17
Board Quality Committee:
Board of Directors:



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 11/15/2017
Subject: Quality and Resource Management Report

October Priorities:

1. PRIME Grant Scorecard
2. Performance Improvement Fair
3. QIP program
4. AHRQ Patient Safety Culture Survey Summary

1. Prime Grant Activities:

No new report but I do want to clarify as a question came up about the value in doing this project. This is a demonstration grant funded by CMS through the State to see if innovation can improve the quality of patient care while meeting the Triple Aim. As the hospital was not ready to take on complex case management in the community for a direct impact on population health, I decided, based on two years of data obtained by the case management team from interviews with patient who were readmitted, a first step was to work on the transition of care from the hospital back into the community. The focus was three fold:

1. To improve the quality of the information provided to the patient at discharge, including an understanding of their medications;
2. To improve the communication between the hospital and the primary care provider or next provider agency such that the transition from hospital to the next care provider was more seamless; and
3. To follow patients for at least 30 days post discharge to problem solve and provide support during that transition such that the patient would not need to return to the hospital and possibly be readmitted.

We had, and still have, opportunities for improvement in all three areas that are showing improvement because of the infrastructure we have put into place for all our patients, not just the prime population. This is a project worth doing and will be sustained even when the grant runs out.

2. Performance Improvement Fair:

Danielle will provide an update.

3. Partnership QIP program:

Beginning in July 2016, Partnership Health implemented an incentive program that is similar to the CMS value-based performance quality and efficiency program. They set a number of quality indicators and ask hospitals to report their data on a quarterly basis. For some indicators, they have their own data. As a small hospital we were assessed on two quality measures:

- All Cause Readmission Rate: Their target was less than or equal to 13%; our performance was 8.7%
- Electronic TARS Completion: Their target was less than or equal to 85%; our performance was 92.6% (Good job Admitting!)

Because we did so well, we earned an incentive payment of \$104,247.19 that was received by the Business Office last week.

4. AHRQ Patient Safety Culture Summary

See the attached report. This was done by AHRQ through a consulting group to normalize the data that hospitals had been reporting over the past 4-5 years. It was web based and anonymous. We had less participation, I think in part because the organization was so used to having it done in paper format by us directly. Overall we performed very well according to their 2018 baseline data and pretty much held our own as compared to the last time we reported data. We are at the 90th percentile based on how our staff view our culture. Something to celebrate!

Topic: Anesthesia Services Medical Director Report

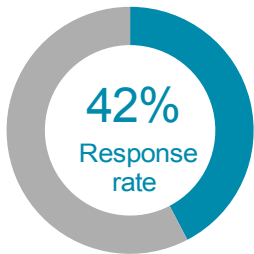


2017 Hospital Survey on Patient Safety Culture Summary

Sonoma Valley Hospital

Survey data collection completed in May 2017

Survey Administration



91 out of 215 surveys were completed

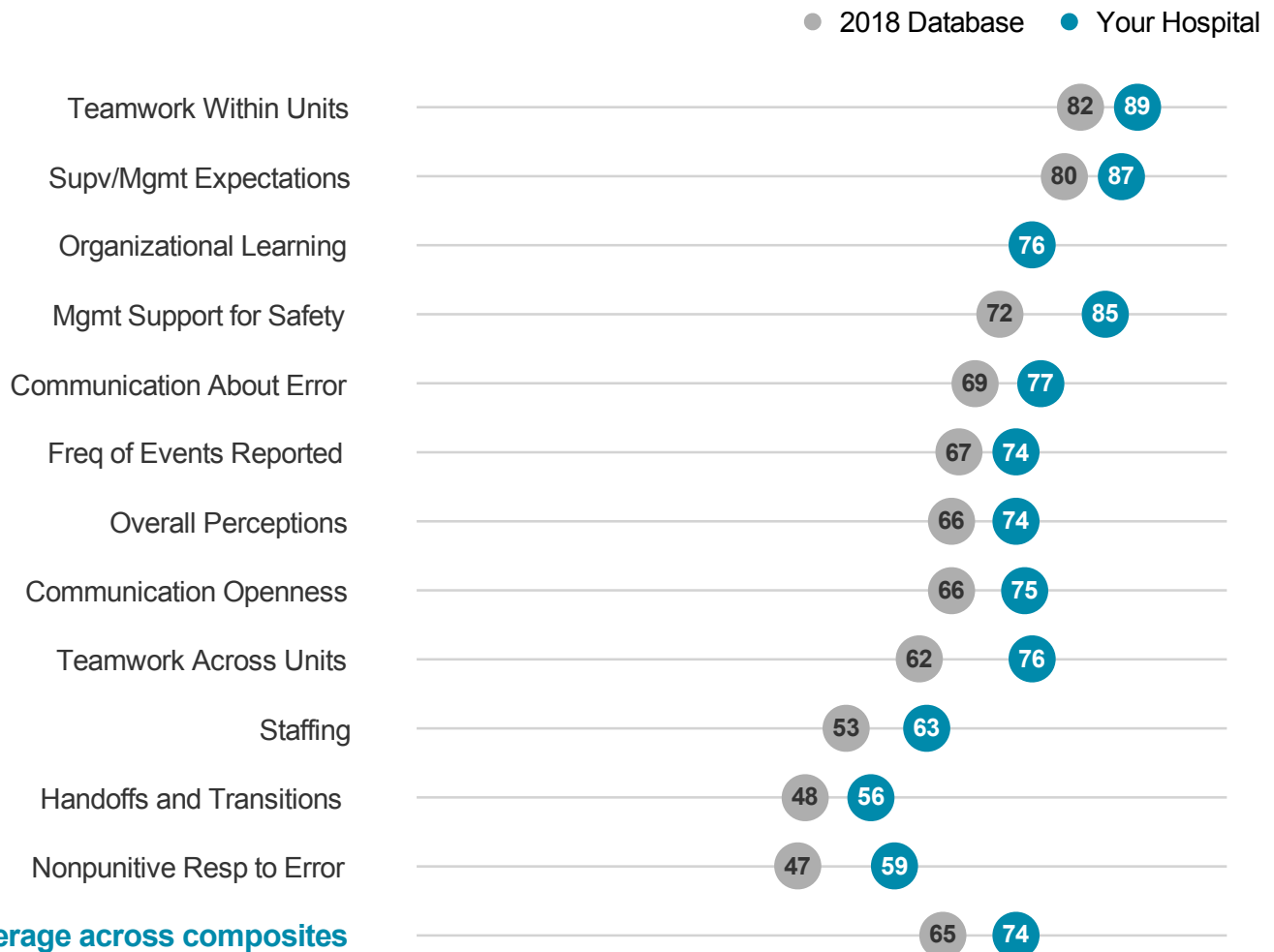
29%

of respondents selected **Registered Nurse** as their staff position

55%

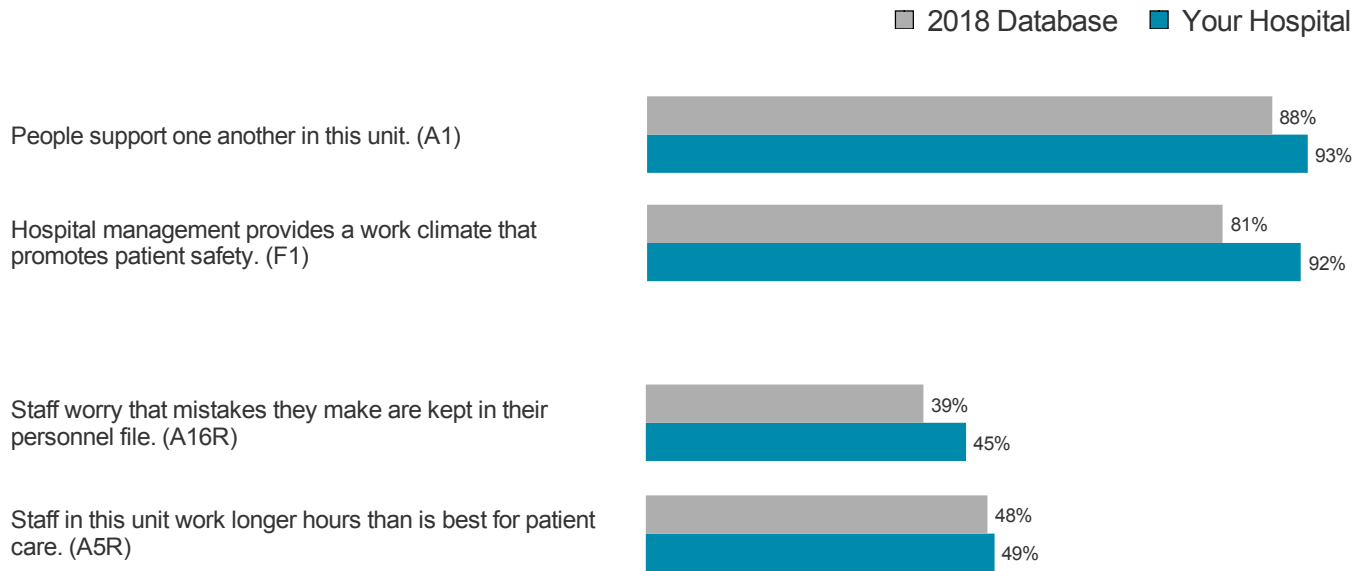
of respondents selected **Other** as their work area/unit

Composite-Level Comparative Results (% Positive)



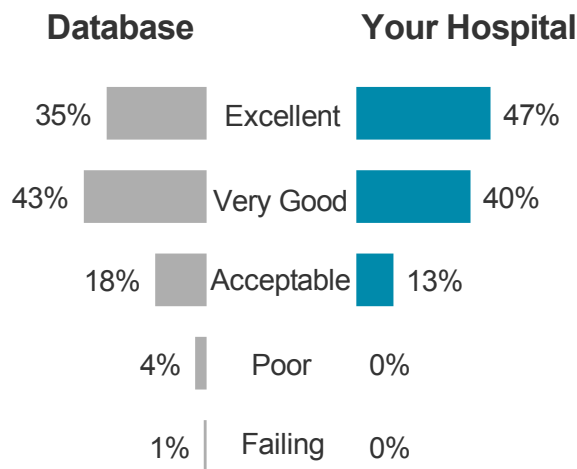
Notes: 1) When the database and your hospital's composite scores are within 5 percentage points of each other, only the higher score is shown. 2) When the database and your hospital's composite scores are the exact same, only your hospital's score is shown.

Top 2 Items and Bottom 2 Items



Note: Top and bottom items are displayed based on survey order when item level percent positive results have the same score.

Overall Rating on Patient Safety

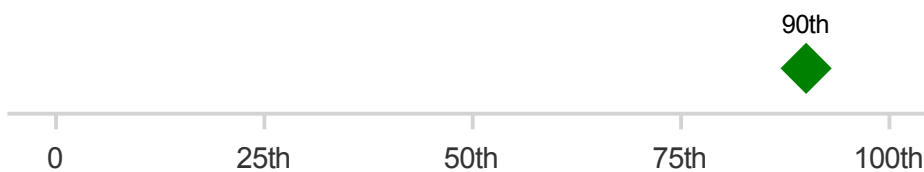


87%

of respondents rated your hospital "Excellent" or "Very Good"

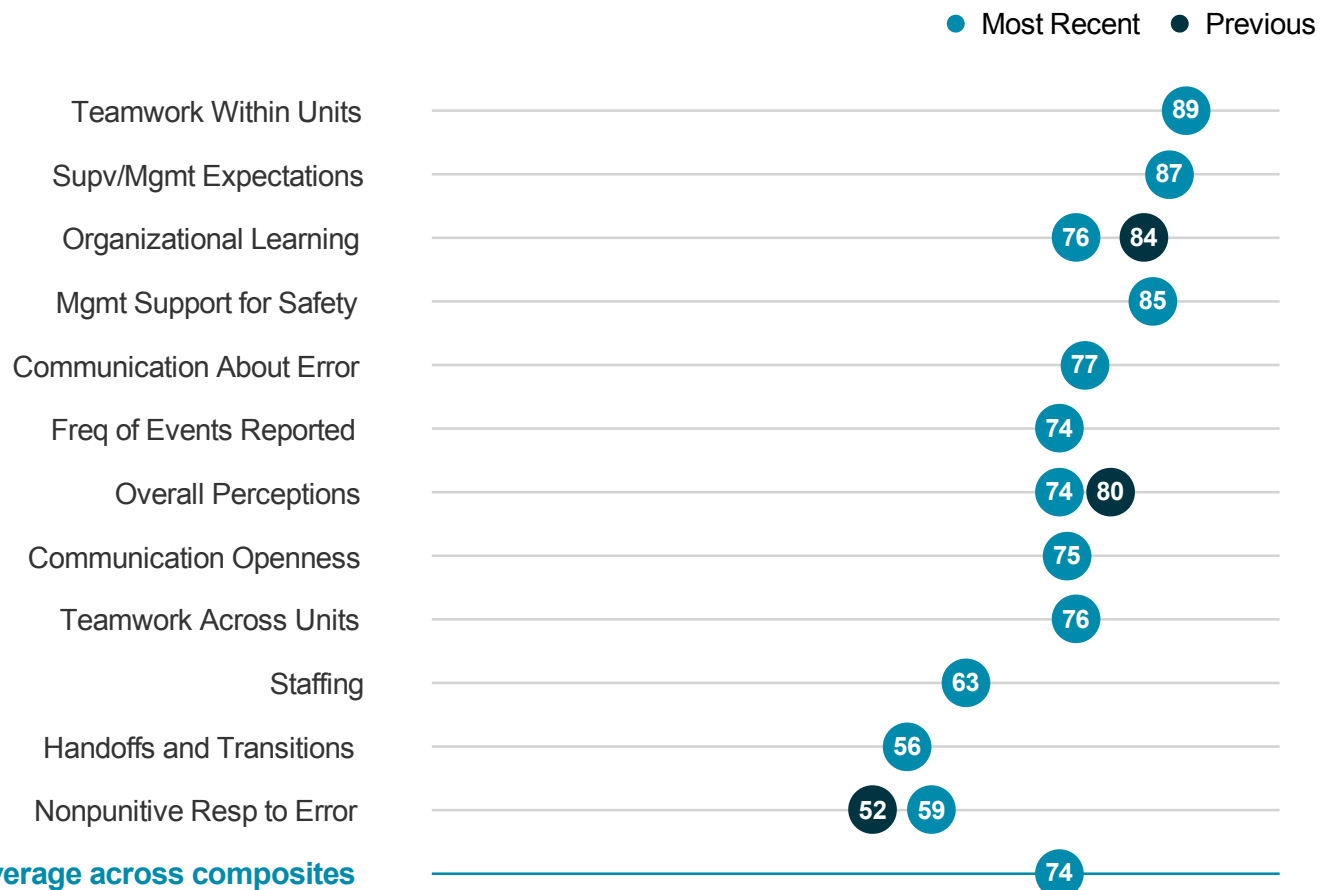
Note: The percent positive displayed may not equal the sum of the response option percentages due to rounding.

Percentile Ranking



Your hospital's average % positive score across composites (74%) is equal to or better than 90% of database hospitals

Trending Composite-Level Comparative Results (% Positive)



Notes: 1) Your hospital's Most Recent and Previous results are those submitted to the 2018 and 2016 Databases respectively. 2) When your Most Recent and Previous composite scores are within 5 percentage points of each other, only the higher score is shown. 3) When your Most Recent and Previous composite scores are the exact same, only your Most Recent score is shown. 4) Results are not shown when there is not enough data to display.

Trending Overall Rating on Patient Safety



The number of respondents rating patient safety at your hospital as "Excellent" or "Very Good" decreased by **8%** between the previous and most recent survey administration

Refer to your hospital feedback report for results on specific composites and items.

